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Debtor 1	CHRISTOPHER GLENN BOWMAN			
Debtor 2 (Spouse, if filing)	HOLLY LYNN BOW	MAN		
United States E	Bankruptcy Court for the:	Eastern District of Missouri		
Case number	16-10079			

one box only as directed in this form and in Form 1Supp:
There is no presumption of abuse
 The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
 The Means Test does not apply now because of qualified military service but it could apply later.

■ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

		Debtor 1		tor 1	1000	or 2 or filing spouse		
2.	Your gross wages, salary, tips, bonuses, overtime, an all payroll deductions).	nd commis	sions (before	\$	1,080.00	\$	617.00	
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.			\$	0.00	\$	0.00	
4.	All amounts from any source which are regularly paid of you or your dependents, including child support. In from an unmarried partner, members of your household, yand roommates. Include regular contributions from a spot	nclude regu your depen	lar contributions dents, parents,		0.00	\$	0.00	
5.	Net income from operating a business, profession, or		ebtor 1					
	Gross receipts (before all deductions)	\$ 0.00)					
	Ordinary and necessary operating expenses	\$ 0.00)					
	Net monthly income from a business, profession, or farm	\$ 0.00	Copy here ->	\$	0.00	\$	0.00	
ò.	Net income from rental and other real property	De	ebtor 1					
	Gross receipts (before all deductions)	\$ 0.00						
	Ordinary and necessary operating expenses	\$ 0.00						
	Net monthly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	0.00	
	Interest, dividends, and royalties			\$	0.00	\$	0.00	

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Debtor 1 CHRISTOPHER GLENN BOWMAN HOLLY LYNN BOWMAN				oer (<i>if known</i>)	16-10079	16-10079		
	Column A Debtor 1			Column B Debtor 2 or				
8. Unemployment compensation			\$	0.00	\$	0.00		
Do not enter the amount if you contend that the amou under the Social Security Act. Instead, list it here:	nt received was a ben	nefit	70		3			
For you	\$ 0	0.00						
For your spouse	\$ 0	0.00						
 Pension or retirement income. Do not include any a benefit under the Social Security Act. 	mount received that w	vas a	\$	0.00	\$	0.00		
 Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on total below. 	Security Act or payme umanity, or internation	ents nal or						
•			\$	0.00	\$	0.00		
			\$	0.00	\$	0.00		
Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00		
Calculate your total current monthly income. Add li each column. Then add the total for Column A to the total.		\$	1,080.00	+ \$	617.00	= \$_	1,697.00	
2. Calculate your current monthly income for the year 12a. Copy your total current monthly income from line	r. Follow these steps:		Сор	y line 11 h	ere=>	\$	1,697.00	

Multiply by 12 (the number of months in a year)	**						12	
12b. The result is your annual income for this part of the	e form				12b.	\$	20,364.00	
. Calculate the median family income that applies to	you. Follow these ste	eps:						
Fill in the state in which you live.	МО							
Fill in the number of people in your household.	5							
Fill in the median family income for your state and size	of household.				13.	\$	82,398.00	
To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link s	specified	I in the separ	rate instruc		Ψ		
How do the lines compare?								
14a. Line 12b is less than or equal to line 13. O	n the top of page 1, ch	heck box	(1, There is	no presum	otion of abuse),		
14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2	2, The pr	esumption o	f abuse is c	letermined by	Form	122A-2.	
3: Sign Below								
By signing here, I declare under penalty of perjury	that the information o	n this st	atement and	in any atta	chments is tru	ie and	correct.	
X /s/ CHRISTOPHER GLENN BOWMAN CHRISTOPHER GLENN BOWMAN Signature of Debtor 1	H	HOLLY	LY LYNN E LYNN BON of Debtor 2	VMAN	A SAN AND HE BUILD SHOW A SAN AND AND AND AND AND AND AND AND AND A			
Date February 17, 2016 MM / DD / YYYY	Date F	ebruar	y 17, 2016 / YYYY					
If you checked line 14a, do NOT fill out or file Form		עט זייייי	2 1 1 1 1					
If you checked line 14b, fill out Form 122A-2 and fi								